

Problem with Freedom software, the x2003QPREMENROL HAD LOADED TO THE NAIC'S DATABASE INCORRECTLY.



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Botsford Health Plan

NAIC Group Code	0000	0000	NAIC Company Code	52570	Employer's ID Number	38-3243956
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []					
Incorporated	06/26/1995			Commenced Business	10/01/1996	
Statutory Home Office	28050 Grand River Avenue			Farmington Hills, MI 48336-5933		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	28050 Grand River Avenue					
	(Street and Number)					
	Farmington Hills, MI 48336-5933			248-471-8157-0000		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	28050 Grand River Avenue			Farmington Hills, MI 48336-5933		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	28050 Grand River Avenue					
	(Street and Number)					
	Farmington Hills, MI 48336-5933			248-471-8157-0000		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.botsfordsystem.org/bhp					
Statutory Statement Contact	Regina Duxtader			248-471-8157-0000		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	rduxtader@botsford.org			248-471-8887-0000		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	25250 West Eight Mile Rd.					
	(Street and Number)					
	Southfield, MI 48034-0000			248-945-7405-0000		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

President	Lisa D.		
Treasurer	Ronald P. Szumski	Secretary	D. Vandecaveye
	David L. Marcellino		

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Gerson I Cooper	Ronald P. Szumski	Paul E. LaCasse D.O.
Jack D. Lennox D.O.	Frank F. Lanzilote D.O.	Richard N. Mark D.O.
Bridgette A. Davis	Annette Johnson	Ethel Harris

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

David L. Marcellino
Treasurer

Subscribed and sworn to before me this
15 May
day of , 2003

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STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	9,592	0	0	0	0	0	0	0	9,592				0
2 First Quarter	9,806								9,806				
3 Second Quarter	0												
4 Third Quarter	0												
5 Current Year	0												
6 Current Year Member Months	29,848								29,848				
Total Member Ambulatory Encounters for Period:													
7. Physician	1,806								1,806				
8. Non-Physician	2,991								2,991				
9. Total	4,797	0	0	0	0	0	0	0	4,797	0	0	0	0
10. Hospital Patient Days Incurred	418								418				
11. Number of Inpatient Admissions	120								120				
12. Health Premiums Collected	6,335,336								6,335,336				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	5,740,809								5,740,809				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	4,682,893								4,682,893				
18. Amount Incurred for Provision of Health Care Services	5,284,558								5,284,558				